

Statement of Organization
Recipient Committee

Statement Type

☒ Initial
Not yet qualified ☒ or

☐ Amendment
List I.D. number:

1384913

☐ Termination - See Part 5
List I.D. number:

#

____/____/____
Date qualified as committee

____/____/____
Date qualified as committee
(if applicable)

____/____/____
Date of Termination

Date Stamp

City Clerk's Office

AUG 15 2016

RECEIVED

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Neighbors for Anthony Phan 2016 - City Council

STREET ADDRESS (NO P.O. BOX)

312 Edgewater Dr

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS

CA

95035

(408) 726-4704

MAILING ADDRESS (IF DIFFERENT)

Same as above

FAX / E-MAIL ADDRESS

voteanthonyphan@gmail.com

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jonathan Le

STREET ADDRESS (NO P.O. BOX)

3789 Chilton Ct

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose

CA

95111

408 726 4704

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08-14-16

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08-14-16

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

I.D. NUMBER

Neighbors for Anthony Phan 2016 - City Council

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BA

Wells Fargo

(408) 586-7682

ADDRESS

CITY

STATE

ZIP CODE

1 S. Milpitas Blvd

Milpitas

CA

95035

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY

<i>ANTHONY PHAN</i>	<i>CITY COUNCIL</i>	<i>2016</i>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov